								Application or Docket Number					
	PATENT /	APPLICATIO Effect	N FEE DI	RD	09/706645								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL		
TOTAL CLAIMS					1. 1. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		RA	ΤE	FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		BASIC	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/y minus 20=		•		X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =				X4	X40=			X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	ESENT						 	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							+13	+135=		OR	+270=		
							TOT	TOTAL		OR	TOTAL	710.0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			00	OTHER SMALL I		
_		CLAIMS		HIGH		EST		\LL	ADDI-	OR	SWALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	OUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	ADDI- TIONAL FE®	
	Total	. 18	Minus	2	d	2	X\$	9=		OR	X\$18=	7	
	Independent	· 3	Minus			=	X40=		/	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 /-		070	/	
							+13	5= OTAL	<i></i>	OR	+270=	/	
								FEE		OR	TOTAL ADDIT. FEE		
	Water State of	(Column 1)	TO STATE OF THE		mn 2)\	(Column 3)	1						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA*	ſΕ	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FBE	
	Total	.15	Minus		0	=(0)	X\$	9=		OR	X\$18=		
	Independent	1.3	Minus	ے	<u> </u>	-0	X40)=/		OR	X80=		
		NTATION OF MI	LIIPLE DEF	ENDEN	CLAIM		+63	 5=		OR	+270=		
	QCX 10/13/04							TAL			TOTAL		
	XV	(Column 2)	ADDIT.	FEE		,0.1	ADDIT. FEE	<u></u>					
()		(Column 1) CLAIMS		(Colu	IEST	(Column 3)			ADDI			466:	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	•• 2	2 0	=	X\$ 9)=		OR	X\$18=/	<u> </u>	
	Independent	. 3	Minus	***	3	=	X40		-/		/		
۷	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		1 - 140	=	/	OR	X8Ø=		
+135=										OR	+270=	,	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											TOTAL ADDIT, FEE		
•••	II the "Highest Nu The "Highest Num	mber Previously Pa aber Previously Pal	aid For IN THI d For (Total o	S SPACE I	is less tha ent) is the	n 3, enter "3." highest numbe		_	propriate box				